Case:17-03283-LTS Doc#:17896-1 Filed:08/19/21 Entered:08/19/21 16:48:20 Desc: Pro se Notices of Participation Page 1 of 109

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if ally.
Participant's Name: Raquel Frizany Segarra
Participant's Address: Urb. Belmonte # 60 Calle Cordova Mayaquer Pr
Participant's Email Address: Yaqvelirizavry 5553@ gmail.com
Name of Counsel: The common weath of Puerto Rico
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 17 BK 3983-LTS
Nature of Claim:
By: Requel bigning learns Signature
Raquel Irizany Segara Print Name Segara
Title (if Participant is not an individual)
Date

ranco J. g Esperior San Juan, D.R mondant Ster (50) EOLISBISOMILWAUKEE WI 530 Service of the control of the contro 14 AUG 2021 PM 5

Case:17-03283-LTS Doc#:17896-1 Filed:08/19/21 Entered:08/19/21 16:48:20 Desc Pro se Notices of Participation Page 3 of 109

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any: Participant's Name: Participant's Address: Participant's Email Address: Laris Satriana Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. Claim Number: Nature of Claim: By: Signature Title (if Participant is not an individual) Date

RECEIVED & FILED 2021 AUG 18 PM 3: 46

CLERK'S OFFICE J.S.DISTRICT COUN SAN JUAN. P.R. a Rissa Riceron
andi Cammelot, Carr. 842
Let. 4201, San Tuan
Puerto Rice 00926-9760

00918-170625

Jenus Office So Ove: Carlos Charden Ste. 150 Jan Tuan, P. R. 00918-1767

SAN JUAN PR 009

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Case:17-03283-LTS Doc#:17896-1 Filed:08/19/21 Entered:08/19/21 16:48:20 Desc: Pro se Notices of Participation Page 5 of 109

Participant must provide all of the information below in English:

 Participant's contact information, including email if any: 	address, and that of its counsel,
Participant's Name: Lourdes Aguir	no Freyles
Participant's Address: <u>Calle-laurel E6</u>	Colinas de Buaynabo
Participant's Email Address:	7.00969
Name of Counsel: Aguino burdes	5 47@gmaile Com
Address of Counsel:	
Email Address of Counsel:	-
2. Participant's Claim number and the nature of Part	cicipant's Claim:
Claim Number: 14 1/2 17	*
Nature of Claim:	
By: Kourdes aguino Freyles	
Lourdes Aquiso Print Name	RECEI NU SAN SAN
ь н	WED AFED
Title (if Participant is not an individual)	RIGHT REPORT OF THE PROPERTY O
16 August 2021 Date	



tes District Court

tes District Court

ft, ce, 150 Ave. Carlos of the cont

tes Election of 18 - 176 70 P. R. 00 918 - 176 70 P. R. 00 P. R. 00 P. R. 00 P. 00





Case:17-03283-LTS Doc#:17896-1 Filed:08/19/21 Entered:08/19/21 16:48:20 Desc: Pro se Notices of Participation Page 7 of 109

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	100
Participant's Name:	Grmen Alicia Cabrera Rodríquez
Participant's Address:	8 Rio Cañas Abajo Juana Diaz P. R. 00795
Participant's Email Address:	carmenalicia cabrera @ gmail cons
Name of Counsel:	SCE E
Address of Counsel:	7 10 80 80 N
Email Address of Counsel:	च्या स्टिस्ट अस्ति
2. Participant's	Claim number and the nature of Participant's Claim:
Claim Number:	106145
Nature of Claim:	Claim for money owed for years of service as
By: Signature	a teacher of Visual Arts in the Education Department of Puerto Rico and the
Signature A. Chrero	De teaching career.
Print Name	Ley 134 Julio 1996 Aportación acumulado Retiro
	ley 164 julio 2003 Aumento de sueldo 1 not an individualley 164 enero 2004 Gobernadora Sila U. alderon
10	not an individual) ley 109 junio 2008 Escala salarial pasas
Date	2021
Date	

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Participant must provide all of the information below in English:

 Participant's contact informati if any: 	on, including email address, and that of its counsel,
Participant's Name:	Hicia Cabrera Rodniquez
Participant's Address: 8 26 6	ñas Abajo Juana Diaz P. R. 00795
Participant's Email Address: Carmenal	ciacabrera Ogmailicon
Name of Counsel:	3 3
Address of Counsel:	
Email Address of Counsel:	TORK TO TO
2. Participant's Claim number an	d the nature of Participant's Claim:
Claim Number: 10 6145	50
Nature of Claim: Claim for By: Signature Armen A Cabrera Padnau Print Name	money owed for years of service as a teacher of Visual Arts in the Education Department of Puerto Rico and the teaching ez career. Let 88 Julio 1995 Romerazo Ley 134 julio 1996 Aportación acumulad
Title (if Participant is not an individua	
17- 990- 2021 Date	Ley 164 julio 2003 Aumento de sueldo Ley 164 enero 2004 Gobernadora Sila U.
Instructions for Filing Notice of Participati	Ley 109 junio 2008 Escala salanal "pasos". on: If you are represented by counsel, this Notice
	the docket using the CM/ECF docket event Notice
of Intent to Participate in Discovery for Com	
	BK 3283-LTS, through the Court's case filing If you are not represented by counsel, you may
	office at: United States District Court, Clerk's
Office 150 Ave Carlos Chardon Ste 150 Se	The contract of the contract o

Participant must provide all of the information below in English:

1. Participant's c if any:	contact information, including email address, and that of its counsel,
Participant's Name:	Carmen Alicia Cabrera Rodriguez
Participant's Address:	8 Lio Caras Abajo Juana Diaz P. K00795
Participant's Email Address:	Camena licia cabrera @gmail.com
Name of Counsel:	
Address of Counsel:	SARIE & T
Email Address of Counsel:	CLASS OF R
2. Participant's C	Claim number and the nature of Participant's Claim:
Claim Number:	106145
Nature of Claim:	Claim for money owed for years of service as a
By: association ten	Claim Formoney owed for years of service as a teacher of Visual Arts in the Education Department of Puerto Rico and the
Signature	teaching career.
Carmen A Cab	rera Kodriquez Ley 134 julio 1996 Aportación acumulado Komera
Print Name	rera Rodriguez Ley 134 julio 1996 Aportación acumulado Romera Ley 96 julio 2002 Aumento de sueldo Ley 164 julio 2003 Aumento de sueldo Ley 164 julio 2003 Aumento de sueldo
Title (if Participant is	Ley 164 enero 2004 Gobernadora Sila Mi Cubern
17-000-	2011
Date	

Case:17-03283-LTS Doc#:17896-1 Filed:08/19/21 Entered:08/19/21 16:48:20 Desc Pro se Notices of Participation Page 13 of 109

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any:		
Participant's Name:	Ruth D. Berrios Rodrigue	
Participant's Address:	HC-8 BOX 38709 Cague	25, P.R. 06725
Participant's Email Address:	rutholberrios @ hotmail. a	'óm
Name of Counsel:	NIA	3 3 6
Address of Counsel:	NIA	ASSET ES
Email Address of Counsel:	n/A	
2. Participant's C	Claim number and the nature of Participant's	Claim &
Claim Number:	146482	50
Nature of Claim:	Public Employee - f	ension_
By: Rutt & Bend	s Rodrigny	
Ruth & Berry Print Name	is Rodriguez	
Title (if Participant is	not an individual)	
Date Date	, 2021	

HC-08 BOX 38709 aguas, P.R. 00725

16 AUG 2021 PM 1

Participant must provide all of the information below in English:

1. Participant's c if any:	ontact information, inc	luding email add	iress, and that o	f its cou	ınsel,
Participant's Name:	Ruth D.	Berrios	Rodrigo	122	le .
Participant's Address:	HC-08 Box				0072
Participant's Email Address:	ruth d berri	os @ hot	mail. C	om	
Name of Counsel:		NAA			<u> </u>
Address of Counsel:		WIA	-	787	Z.
Email Address of Counsel:		NIA	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	NO.	
2. Participant's C	Claim number and the n	ature of Particip	ant's Claim:	00	E
Claim Number:	106843	a sin	200	<u> </u>	7
Nature of Claim:	Public 1	Employe	e	5	TEN CON
By: Ruth & Ben Signature	ios Rody				and the second
Ruth J. Bem	os Rodríguez				
		30)			
Title (if Participant is	not an individual)				
12/agosto Date	12021				

Case:17-03283-LTS Doc#:17896-1 Filed:08/19/21 Entered:08/19/21 16:48:20 Pro se Notices of Participation Page 16 of 109

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16 AUG 2021 PM 1 SAN JUAN PR 009 Case:17-03283-LTS Doc#:17896-1 Filed:08/19/21 Entered:08/19/21 16:48:20 Desc: Pro se Notices of Participation Page 17 of 109

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any:				
Participant's Name:	Ruth D. J	Berrios Ri	driquez	
Participant's Address:	HC-8 BOX			00725
Participant's Email Address:	ruthdberr	ios @ hot	mail. Co	m
Name of Counsel:		NA		
Address of Counsel:		NIX		RECEIVE
Email Address of Counsel:		NA	\$ 25 E	
2. Participant's 0	Claim number and th	he nature of Partic	cipant's Claim	18 PH
Claim Number:	1324	46	285	<u> э</u> <u>П</u>
Nature of Claim:	Public	Employe	e	5
By: Ruth & Bender Signature	D Rodriguy			
Ruth J. Berr Print Name	ios Rodrigue	2		
Title (if Participant is	not an individual)			
August 12,	2021			

aguas, P.R.00725 C-08 BOX 38709 Berrios

COSTANTION COTA

San Juan, P. R. 0091

16 AUG 2021 PM-1 SAN JUAN PR 009

Case:17-03283-LTS Doc#:17896-1 Filed:08/19/21 Entered:08/19/21 16:48:20 Desc Pro se Notices of Participation Page 19 of 109

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:
1/1/2000
Participant's Name: HNTONIO KOION MAYVEVO
Participant's Address: RR 05 BOY 7678, Toa Alta, P.R.
Participant's Email Address:
Name of Counsel: Police Headquarters
Address of Counsel: Hato Rey, P.R.
Email Address of Counsel: Policia Duerto Rico. GOV
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: <u>No. 17 BK 3283 LTS</u>
Nature of Claim. Financial Oversight
By: Pufons / B/N
Signature
ANTONIO ROLON Print Name
Print Name
Policia Title (if Participant is not an individual)
Title (if Participant is not an individual)
August 15, 2021
Date ()

LAR OS BOX 7678 Lar Jelly, P.R. 00953

Muted State Sistrict Bours Charlot Ste. 150 Am John

SAN TLAN PROCES

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

ii aiiy.			A.
Participant's Name:	Marlyn Alicia	Myrena	Rosa
Participant's Address:	HC 6 Box 2049	Ponce P. R.	00731-9602
Participant's Email Address:	Munera - Marlyn a	Yahoo. co	W
Name of Counsel:	"		54
Address of Counsel:	i	*;	
Email Address of Counsel:	- L- L- E		¥
2. Participant's (Claim number and the nature of Parti	cipant's Claim:	
Claim Number:	75995		1
Nature of Claim:	Public Employee	curd tension	Retirec Claim
By: Marlyn a	Muneia Rosa		RECEIVED NO 18
Sighature \ A	. Munera Rosa	250	ALIG EVE
Print Name	. 1 (001/101 00 10 10 10	是是	0
ent a man alter in the con-		7 200	8 PLE
Title (if Participant is	not an individual)		5
Date 8/17/2021	<u>'</u>		

P.R. 00918-1767

Case:17-03283-LTS Doc#:17896-1 Filed:08/19/21 Entered:08/19/21 16:48:20 Pro se Notices of Participation Page 23 of 109

Participant must provide all of the information below in English:

1. Participant's contact information, including en if any:	nail address, and that of its counsel,
Participant's Name: Maryn Alicia	Munera Rosa
Participant's Address: HC-6 Bx 2049 Pe	once P.R. 00731-9602
Participant's Email Address: Munera_ Marlyn	
Name of Counsel:	
Address of Counsel:	_
Email Address of Counsel:	
2. Participant's Claim number and the nature of Pa	articipant's Claim:
Claim Number: 102092	ration of chains.
Nature of Claim: Public Employee an	nd pension / Retires Claims
By: Marlyn a. Munera Rosa	na pension/ Kelirec Claims
Signature	Se B
Marlyn A. Munera Rosa	RECEIVED RECEIVED SAN JU
Print Name	
	200 See 1
Title (if Participant is not an individual)	AND PRODUCTION OF THE PROPERTY
8/17/2021	5 8
Date	*

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in In re Commonwealth of Puerto Rico, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are <u>not</u> represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

2001-16700 Jan Juan, P.R. 00918-1767

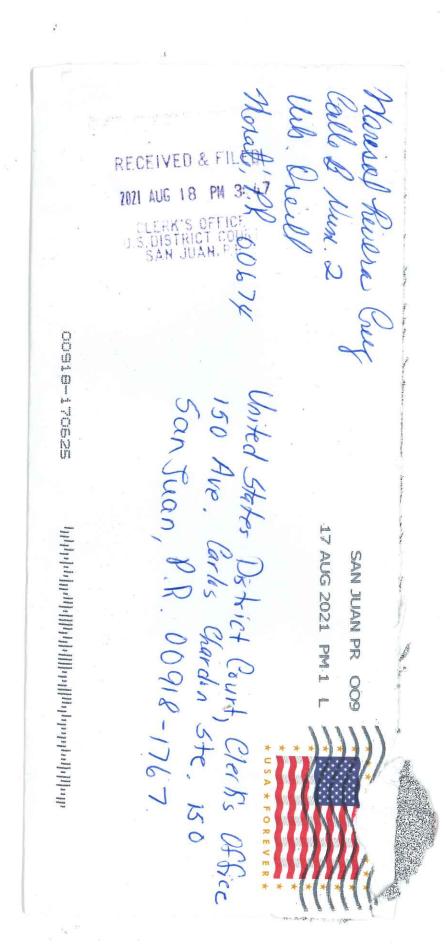
Case:17-03283-LTS Doc#:17896-1 Filed:08/19/21 Entered:08/19/21 16:48:20 Desc Pro se Notices of Participation Page 25 of 109

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

Participant's Name: Participant's Address: Participant's Email Address: Participant's Email Address: Mariso Riverge Cruz Participant's Email Address: Mariso Riverge Cruz Participant's Email Address: Mariso Riverge Cruz Participant's Email Address: Mariso Consel: Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: Nature of Claim: DE, larrerg Hagisterial, lass por anis of services Signature Mariso Riverg Cruz Print Name Title (if Participant is not an individual) 15 ok agust de 2021 Date	if any:	11/	7		
Participant's Address: Decid 2 Calle B, Manato PR 0067 4-614 Participant's Email Address: Manato PR 0067 4-614 Manato of Counsel: Manato PR 0067 4-614 Manato of Counsel: Manato of Claim: Manato of Claim: Manato of Claim: DE	Participant's Name:	Marisol Kiv	era Cruz	v .	
Name of Counsel: Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: 13 9 739 Nature of Claim: DE, Carrerg Magisterial, Pass por ents of Security Signature Manss Riverg Course Print Name Title (if Participant is not an individual) 15 ok 95256 de 2021	Participant's Address:	Urb. Oneill	2 Calle B.	Manati, P.R.	70674-614
Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: 139739 Nature of Claim: DE, Carrera Hagisterial, Pass por ones de servicion de	Participant's Email Address:	mrivergenz. W	re egmail.	°o m	
Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: 139739 Nature of Claim: DE, Correrg Hagisterial, Pass por ans deserved. By: Mansal Reverse Corress Signature Print Name Title (if Participant is not an individual) 15 de agusto de 2021	Name of Counsel:				
2. Participant's Claim number and the nature of Participant's Claim: Claim Number: 139739 Nature of Claim: DE, Carrera Magisterial, Pasis por enis discription de Servicion de Servicio	Address of Counsel:				
Claim Number: 139739 Nature of Claim: DE, Carrera Magisterial, Pass por ans de serviciones By: Mansi Rivera Cruz Print Name Title (if Participant is not an individual) 15 de agusto de 2021	Email Address of Counsel:		RELATION TO THE RESERVE OF THE PERSON OF THE	*	
Nature of Claim: DE, Carrera Magisterial, Pasis por ents de service. By: Mansal Planeire by Signature Print Name Title (if Participant is not an individual) 15 de agusto de 2021	2. Participant's C	Claim number and the	nature of Participan	t's Claim:	
By: Marisal Plaveice by Signature Mans) Rivera Coure Print Name Title (if Participant is not an individual) 15 de agusto de 2021	Claim Number:	1397	39		
Signature Mans) Givera Couz Print Name Title (if Participant is not an individual) 15 de agusto de 2021	Nature of Claim:	DE, Correra	Magisterial,	Pasis por enes	s de servicio
Print Name Title (if Participant is not an individual) 15 de agus de 2021	-	veir ly		,	
15 de agusto de 2021	Manso River	g Cours		702 C	0
15 de agusto de 2021	Title (if Participant is	not an individual)		AN JERNAME I	
	15 de agusdo o			D & FILET	



Case:17-03283-LTS Doc#:17896-1 Filed:08/19/21 Entered:08/19/21 16:48:20 Desc: Pro se Notices of Participation Page 27 of 109

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:
Participant's Name: La Rissa Triana Lopez
Participant's Address: Cond. Camelot, Carr. 842, Box 4201, Son Juan Participant's Email Address: Larissatriana yahoo.com 97
Participant's Email Address: Larissatriana yahoocon 97
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 98028
Nature of Claim: Employees Retirement System of the Government By: Laws Trians Lopes of the Common wealth of Puerto Signature
Larissa Triana Lopez Print Name
Title (if Participant is not an individual) 08/202/
Date Grant Control of the Control of
<u>Instructions for Filing Notice of Participation</u> : If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice
of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in <i>In re</i>
AT THE PARTY OF THE PROPERTY TO TO A OF THE PARTY OF THE

Commonwealth of Puerto Rico, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are <u>not</u> represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's

Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

uerto Rico, 009269760 Camelot, Carri 842 00010-170625 United States Dist. operkis Office, 150 ave Carbs hardon, STE, 150 Re00918-1767 17 AUG 2021 PM 1 L SAN JUAN PR 009

Case:17-03283-LTS Doc#:17896-1 Filed:08/19/21 Entered:08/19/21 16:48:20 Desc Pro se Notices of Participation Page 29 of 109

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any: Francisco Enrique Herrera

Calle Flamboyan #2006 Apr. 1, Villa Palmera, San Juan,
00915

Santabenitezza e quail. com Participant's Name: Participant's Address: Participant's Email Address: Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. Claim Number: Nature of Claim: By: Print Name Title (if Participant is not an individual) 8/12/21 Date

2021 AUG 18 D.R. 00915 17 AUG 2021 PM 1 The state of the s 4011-81900 SAN JUAN PR 009 FOREVER / USA

Case:17-03283-LTS Doc#:17896-1 Filed:08/19/21 Entered:08/19/21 16:48:20 Desc: Pro se Notices of Participation Page 31 of 109

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

ii uiij.	
Participant's Name:	Gynna H. Blas Rivera
Participant's Address:	Calle Trinitaria #203 Quintas de Campeche
Participant's Email Address:	gynnabhsæhotmail.com
Name of Counsel:	N/A None
Address of Counsel:	N/A NOW
Email Address of Counsel:	N/A None
2. Participant's C	Claim number and the nature of Participant's Claim:
Claim Number:	17BK 3283-LTS
Nature of Claim: By: Signature Gynna U.Blo Print Name	The employees retirement System of Commonwealth of Runth & Bloo Priver
Title (if Participant is	not an individual)

Discovery Notice to the Court's deak's office United States District Court, Clerk's Office 150 Ave. Carlos Chardon ste. 150

Den Juan, P. R. 18916-1767

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Case:17-03283-LTS Doc#:17896-1 Filed:08/19/21 Entered:08/19/21 16:48:20 Desc Pro se Notices of Participation Page 33 of 109

Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

1.

if any:
Participant's Name: Gladys Rivera Hendez
Participant's Address: Calle Trinitaria # 203 Quintes de Campeche P.R. 20987
Participant's Email Address: gladysbas 1942@gmail.com
Name of Counsel: NONC
Address of Counsel: NOUL
Email Address of Counsel: Note
2. Participant's Claim number and the nature of Participant's Claim School 2 Claim Number: 17 BK 3283-LTS
Nature of Claim: The Emplayees Retirement System of the Townsment of the System of the Townsment of the System of the Townsment of the Signature Signature
Glarys Rivera Hendez Print Name
Retirement Title (if Participant is not an individual)
Date.

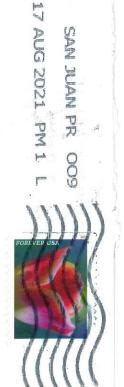
(1000/1:00 P. R. 00987 CLERK'S OFFICE S. DISTRICT COUR SAN JUAN. P.A.

(Nampecke Calle Trinitaria \$ 203 Gladys Rivera Merdez

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United States District Court, Clerk's Office Discovery Notice to the Courts Clerk's Office ats 150 Ave. Owlos Chardon Ste. 150 San Juan, P. R. 18918-1767



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Case:17-03283-LTS Doc#:17896-1 Filed:08/19/21 Entered:08/19/21 16:48:20 Desc Pro se Notices of Participation Page 35 of 109

1.

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

if any: Participant's Name: Ruintas de Compeche Carlina P. 1.0987 Participant's Address: Participant's Email Address: Anibal bas Name of Counsel: NONP NONE Address of Counsel: None Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: Claim Number: Nature of Claim: Signature Print Name Title (if Participant is not an individual)

RECEIVED & FIED

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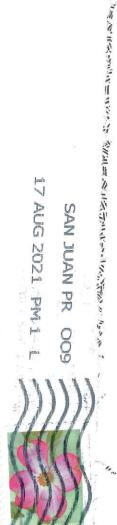
CLERK'S OFFICE

J.S. DISTRICT COOP

SAN JUAN. PK

United States District Court, Clerk's office Discovery Notice to the Court's Clerk's office att. 150 Ave. Carlos Chardon Ste. 150 2018-1764 Wall 1467

SAN JUAN PR 009



Participant must provide all of the information below in English:

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Inited state Distric Court is clerk's office hardon states to find the Court of the

SAN JUAN PR COS

Participant must provide all of the information below in English:

1. Participant's co	ontact information, including email address, and that of its counsel,
if any:	
Participant's Name:	Justo Prieto Garno
Participant's Address:	Poses trébol H-7 Urt. Jacking de Ponce
Participant's Email Address:	tpriets 200 @ yuhoo. com
Name of Counsel:	N/R
Address of Counsel:	N/N
Email Address of Counsel:	N/A
2. Participant's C	Claim number and the nature of Participant's Claim:
Claim Number:	THE SECTION OF STREET STREET
Nature of Claim:	\$ 100,0000 invested in the commonwealth of P. R.
By: Turb for	
Signature	
that Pries	not an individual)
Print Name	ECC 2
Title (if Participant is	
magnet 17, 202	
Date	

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SAN JUAN, PUERTO RICO 00918-1767

UNITED STATES DISTRICT COURT, CLERK'S OFFICE, 150 AVE. CARLOS CHARDON STE



Case:17-03283-LTS Doc#:17896-1 Filed:08/19/21 Entered:08/19/21 16:48:20 Desc Pro se Notices of Participation Page 41 of 109

Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

1.

if any: Participant's Name: ParoLine P. R-00988 Participant's Address: paga hernandez Damail-Com Participant's Email Address: Name of Counsel: Carobin 1 PR. 00988 Address of Counsel: DOCANHEMANDEZ 6) a mail- com-Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: Nature of Claim: By: dgan Herndndez Print Name Title (if Participant is not an individual) August 16, 2021

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50 ave. Carlos Chardon Ste. 150

San fran P.R. 00918-1767

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Case:17-03283-LTS Doc#:17896-1 Filed:08/19/21 Entered:08/19/21 16:48:20 Desc Pro se Notices of Participation Page 43 of 109

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any: Participant's Name: Participant's Address: a9061004 Participant's Email Address: Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. BK 3283- LTS Claim Number: Nature of Claim: By: Title (if Participant is not an individual)

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Case:17-03283-LTS | Doc#:17896-1 | Filed:08/19/21 | Entered:08/19/21 | 16:48:20 | Desc: Pro se Notices of Participation | Page 45 of 109

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	I was no			
Participant's Name:	Ana Gloria,	Ortega E	Bernard	a service
Participant's Address:	Urb. Parque del Mi	ente, C'buci	AA-23, (laguas, P.R.
Participant's Email Address:		8 gmail.	com	<u> </u>
Name of Counsel:		1		
Address of Counsel:				
Email Address of Counsel:	April 1 and	DICIO CI		
2. Participant's Claim Number: Nature of Claim:	Claim number and the r No. 17 BK 32 PROHESA	83 -LTS		
By: Signature Ana Gloria O Print Name Title (if Participant is August 2 1 202	rtega Bernard s not an individual)		U.S. DISTRICT COURS	RECEIVED & FILED 1021 AUG 18 PM 3 48

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Case:17-03283-LTS Doc#:17896-1 Filed:08/19/21 Entered:08/19/21 16:48:20 Desc Pro se Notices of Participation Page 47 of 109

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

Participant's Name:

Participant's Address:

Participant's Email Address:

Participant's Email Address:

Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

Nature of Claim:

PROMES A Title III.

By:

Ana Glon's Ortega Bernard

Print Name

Title (if Participant is not an individual)

August 2st Jacus

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Case:17-03283-LTS Doc#:17896-1 Filed:08/19/21 Entered:08/19/21 16:48:20 Desc: Pro se Notices of Participation Page 49 of 109

Participant must provide all of the information below in English:

Participant's Name:

Participant's Address:

Participant's Email Address:

Participant's Email Address:

Participant's Email Address:

Name of Counsel:

Participant's contact information, including email address, and that of its counsel,

Address of Counsel:

Email Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 7

1.

Nature of Claim: Romeraso

By: Ricalo Cy Town

Ricardo Cruz Torres

Title (if Participant is not an individual)

August 17, 2021

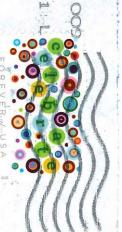
Ricardo Cruz Torres P.O. Box 354 Peñvelas, P.R. 00624

8010-17052K

Clerk's Office, 150 Ave. Carlos Chardon Ste. 150 San Juan, P.R. 00918-1767

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Case:17-03283-LTS Doc#:17896-1 Filed:08/19/21 Entered:08/19/21 16:48:20 Desc Pro se Notices of Participation Page 51 of 109

Participant must provide all of the information below in English:

 Participant's contact information, including email address, and that of its counsel, if any:

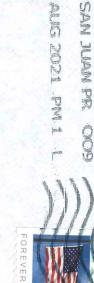
ii aiiy.		
Participant's Name:	Ricardo Cruz Torres	The second second
Participant's Address:	P.O. Box 354 Tallaboa Alta Sector LAN KM 1.5 Penuelas, P.R. 00624	loca Carretera 520
Participant's Email Address	Y Cruz - 14@ 4=400. COM	north Service and
Name of Counsel:		JA 10
Address of Counsel:		
Email Address of Counsel:		
2. Participant's	Claim number and the nature of Participant's Cl	aim:
Claim Number:	79581	estroit sidt il
Nature of Claim:	ROMERASO	The second state of the second second
By: Rink Gy 7	Tours of the second will not be she to select the selection of the selecti	office angular life of
Ricardo Cro	2 Torres	
Print Name		
Titl (CD-disipont	t is not an individual)	SOE W
	is not an individual)	1 1 2 2 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
August 17	7, 2021	200
Date		AND DESCRIPTION OF THE PARTY NAMED IN COLUMN

Penuedes, P.R. 00624 Ricardo CruzTorres

ce, 150 Ave.

Carlos Chardon Ste. 150 San Juan, P.R. 00918-1767

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Case:17-03283-LTS Doc#:17896-1 Filed:08/19/21 Entered:08/19/21 16:48:20 Desc: Pro se Notices of Participation Page 53 of 109

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

ii any:	
Participant's Name:	Salva Rosa, Raymond E.
Participant's Address:	Salva Rosa, Raymond E. Urb. Santa María L-29 calle Santa Ana Toa Ba
Participant's Email Address:	dalizmar895@gmail.com
Name of Counsel:	
Address of Counsel:	= = = =
Email Address of Counsel:	
2. Participant's C	Claim number and the nature of Participant's Claim 88778
Nature of Claim: By: Raymond E.S Print Name Municipal Politicipant is	ce.
8 13 2021 Date	

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CLERK'S OFFICE
SAN JUAN, PR

L-29 calle Souta Ana Toa Baja, PR 00949

Raymond E. Salva Rusa

Ste. 150 San Juan, PR 60918-1767

States District Court

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Case:17-03283-LTS Doc#:17896-1 Filed:08/19/21 Entered:08/19/21 16:48:20 Desc Pro se Notices of Participation Page 55 of 109

Participant must provide all of the information below in English:

if any:	ontact information, including email addre	
Participant's Name:	Santiago Diaz Nectar	Aurelia
Participant's Address:	Santiago Diaz Nectar P.O Box 9555, Coguas P.	R 00726
Participant's Email Address:	nectarsantiago@gmail.e	on
Name of Counsel:	(Approximately approximately a	,
Address of Counsel:		
Email Address of Counsel:		* The state of the
2. Participant's C	laim number and the nature of Participar	nt's Claim:
Claim Number:	80154	
Nature of Claim:	Money owed by the	government of Y.R
By: nector aurelia Dont	Money owed by the	and pension retiree
Signature	lia Sontiago Diaz	OEIVED
Title (if Participant is	not an individual)	
August 17, 2	2021	•

Nector Aurelia Santago Diaz P.O Box 9555, Caguas P.R. PN 3: 49 CLERK'S OFFICE S.DISTRICT COURT SAN JUAN, PA 00726

SAN JUAN PR 009

17 AUG 2021 FM 1 .

Office, 150 Ave. Carlos Chardon Ste 150 San Juan. P. R. 00918-1767.

United States District Court Clerks

Amenda of the control of the control



Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any: Miriam Morales Participant's Name: urb. Parque de Candelero 172 c/whina Participant's Address: Participant's Email Address: moralesmirian 45 Dymail. com Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: 17BK 3283-LTS Claim Number: Nature of Claim: By: Signature Miriam Morales Print Name Title (if Participant is not an individual) 08-11-2021

Memory of the control of the control

JUAN, 7/12.00918-1747 CARDS CHARSON SE. 150

U.S. DISTRICT COUR BLS. DISTRICT COUR SAN JUAN, ST.

17 ALE 2021

Case:17-03283-LTS Doc#:17896-1 Filed:08/19/21 Entered:08/19/21 16:48:20 Desc: Pro se Notices of Participation Page 59 of 109

Participant must provide all of the information below in English:

if any:	contact information, inc	luding email address, an	d that of its cou	ınsel,
Participant's Name:	Carmen W.	Rosado Mara	hese	
Participant's Address:	169 Urb.	Altamira, Lo	ares, P.K.	00669
Participant's Email Address:	C. rosadomarc	hese egmail com	N	
Name of Counsel:	none			
Address of Counsel:	none			
Email Address of Counsel:	none	x = 00		-
2. Participant's 0	Claim number and the n	ature of Participant's Cl	aim:	
Claim Number:	139.365		_).
Nature of Claim:	I believe that	I when I retired	lestw	ould
By: Narmen Rosea	di Marches	have gotten w	hat I dese	ved as
Signature / Carmen Ros	ado Marchese	howe gotten was a fair per a better I beleive I	quality of	y tipe;
Print Name	¥	I beleve I	deserve	Chis
		CCOCKI		
Title (if Participant is	not an individual)		E.S. 131	REC
Ougust 13 Date	12021		L SAW	ŽÍVE 488
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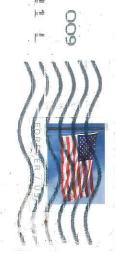
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United States District Court, Cherk offi 150 Que. Carlos Charden Ste. 150 Sen Juan, P.R.



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Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

ir any:
Participant's Name: Carmen M. Rosado Warchese
Participant's Address: 169 Urb. Altamira Lares, P. Rool69
Participant's Email Address: C. ros adomarchese e gmail-com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim: Claim Number: Nature of Claim: Deleive that when I refined if I would have gotten a fair pension with these Signature Claims I would have a better cuality Carmen Rosado Marchese Print Name
Title (if Participant is not an individual) Ougus 4 13 2021 Date

Rower P. R. 00669 Son Juan, P. R. 00918-1767 150 ave. Carlos charden 5 te. 150 SAN JUAN PR 009 17 AUG 2024 DM 1

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

ii aiiy.					
Participant's Name:	Carlos M.				11
Participant's Address:	Valles #1	o Sanb	Isabel	, PR oc	757
Participant's Email Address	: janarlospel	otero 6661	agmo	il "con	<u>n</u>
Name of Counsel:					
Address of Counsel:	United States	district Chardon	Court, C' 5te 150	lerk's of	The of
Email Address of Counsel:		i k			_
2. Participant's	Claim number and the na	ture of Particip	oant's Claim:		
Claim Number:	17 BK 3283	-LTS			
Nature of Claim:	Artest me de		0 - 45	- Company	
By: Signature (Colo Lan		S.DIS		Secretary and the second
Carlos M	- Colon Felice	nvo	JUAN	80 - 60	
Print Name			223	PH 3	
Title (if Participant	is not an individual)			50	
08-16-2	/				
Data					

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U.S. DISTRICT COURS
SAN JUAN, P.R.

Valles # 10 Santa Isabel Santa Isabel P.R. 00757

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Case:17-03283-LTS Doc#:17896-1 Filed:08/19/21 Entered:08/19/21 16:48:20 Desc Pro se Notices of Participation Page 65 of 109

Participant must provide all of the information below in English:

1. Participant's o	contact information, including email address, and that	of its co	unsel,	
if any:	1 1 1 1 1			
Participant's Name:	Daniel Genzales Ocasió Urb. Ocean View 751 Calle	0	Acres	60
Participant's Address:	Urb. Ucean View 751 Calle	ras	HILL	0061
Participant's Email Address:	danygonrales.dgo Camil. com			
Name of Counsel:	•			
Address of Counsel:			e	t
Email Address of Counsel:	The state of the s			
2. Participant's	Claim number and the nature of Participant's Claim:			
Claim Number:				
Nature of Claim:		<u> </u>	717	F # 1
By: Signature	A CONTRACTOR OF THE PARTY OF TH	SAN S	25	DEIVED
Daniel Consoler	- Ocan	NOTE OF E	60	Rea
Print Name		E S	(J)	
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Title (if Participant is				
Date				

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Case:17-03283-LTS Doc#:17896-1 Filed:08/19/21 Entered:08/19/21 16:48:20 Desc: Pro se Notices of Participation Page 67 of 109

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any: Participant's Name: Participant's Address: Participant's Email Address: e ladioaep 2 gmail com NO Name of Counsel: NO Address of Counsel: NO Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: Claim Number: mon wealth of PR Nature of Claim: By: Signature Print Name Title (if Participant is not an individual) ugust 16,2021

Maria J. Estrada Ocasia Eurapo PR 00778 HC03 Box 9187 Estrada

Jepic's Office

Carles Charden Suit 150

District Court

DR 00918-1767



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Participant must provide all of the information below in English:

	ontact information, including email address	s, and that of its counsel,
if any:	FI FOR	Estrado
Participant's Name:	Edgar J. Roman	Estrada
Participant's Address:	Edgar J. Roman HC-3 Box 9187 G	
Participant's Email Address:	m estrada orasio 221 E	2 g mail. com
Name of Counsel:	NO	
Address of Counsel:	ND	
Email Address of Counsel:	No	*
2. Participant's C	Claim number and the nature of Participant'	s Claim:
Claim Number:	Depte Educación -	AEP
Nature of Claim:	Common wealth	of P.R.
By: Edgus & Rais	Estrela	1021 U.S.
Signature	$\gamma = 1$.	THE SAME
Edgar J. Y	omen Estrada	□ = = = = = = = = = = = = = = = = = = =
Print Name	Z	P 47
\wedge	JO	5 3
Title (if Participant is	not an individual)	50
August	16/2021	
Date /		

HC03 Box 9187

Maria J. Estrada Ocasia Gurabo PR 00778 ladio Keman Estrada

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Case:17-03283-LTS Doc#:17896-1 Filed:08/19/21 Entered:08/19/21 16:48:20 Desc: Pro se Notices of Participation Page 71 of 109

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

ii aliy.		
Participant's Name:	Maria J. Estrada Ocas	10
Participant's Address:	HC 3 Box 9187 Gur	abo PR 00778
Participant's Email Address:	mestrada ocasio 221 D gr	nail. com
Name of Counsel:	No	40 8 12 9 11
Address of Counsel:	No	
Email Address of Counsel:	NO	
Claim Number: Nature of Glaim:	221311 Commonwealth	
By: Maria J. Es Signature	trade Ceasin	U.S. 2021 A
Mana J. Estra Print Name	ede Ocasio	AUG 18
N)	P PCI
Title (if Participant is	not an individual)	ري عَلَيْهِ اللهِ ال
August 14 Date	2021	50

Marie J. Estrada Ocasia HC03 Box 9187 Ustrada

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Carlos Charden Suit 150

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Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any: Participant's Name: Participant's Address: Participant's Email Address: eddie. hique 66 2 ichad. com No Name of Counsel: NO Address of Counsel: NO Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. Claim Number: Commonwealth Nature of Claim: Bv: Signature Title (if Participant is not an individual) 50

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Ave Carlos Charden Ste 150

Juan PR 00918-1767





Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:				
Participant's Name:	OSCAR	Soto	Marquer	
Participant's Address:	HC 2	BOX	13320	
Participant's Email Address:	05 Carsoto 1	9682 91	nail. com	
Name of Counsel:		NO		
Address of Counsel:		NO		* +1 =
Email Address of Counsel:		NO		
2. Participant's Claim	number and th	ne nature of F	articipant's Claim:	
Claim Number:		3076	4	
Nature of Claim:	Comm	3076 100 wed	ith	2 2
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OSCAR Soto Ma	rque d			S DIS
Print Name				∞ €₹₹
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Title (if Participant is not a	n individual)			5. PR
August 16,	4.50			. 50

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180 Ave
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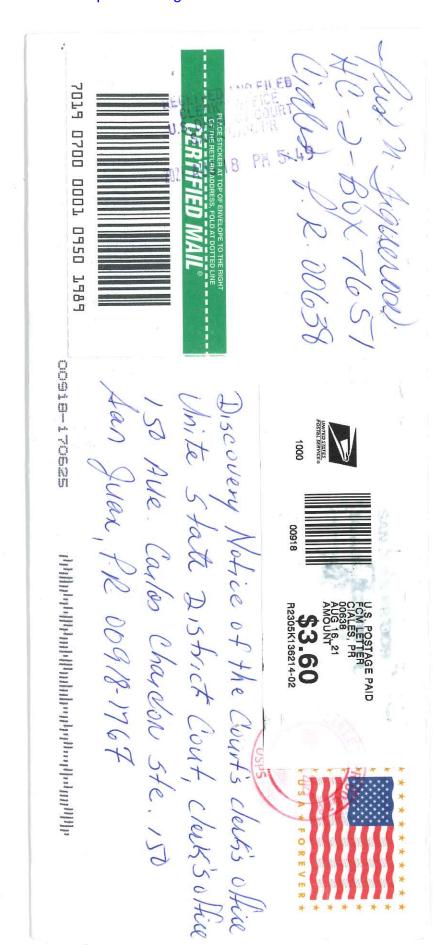
Case:17-03283-LTS Doc#:17896-1 Filed:08/19/21 Entered:08/19/21 16:48:20 Desc Pro se Notices of Participation Page 77 of 109

Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

1.

if any:
Participant's Name: IRIS N. Figueroa Diaz
Participant's Address: HC 2 Box 7651-Ciales, PR 00638
Participant's Email Address: Shakoski-7 @gmail.com
Name of Counsel: Loda Maria del C. Pagan Pagan
Address of Counsel: CC-20 AUE SAN La Juan Fa
Email Address of Counsel: Boyamon P. 200961
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 17BK 3283 - LTS
Nature of Claim: TRIS N. Figueroa DIQZ
By: Signature Digueor Dig Vicenciada,
ILIS Il Figueroa Dia y No Se encuentra
Print Name en Oficena
(Abogada) - Lada - Regan Lo Mene 40 como
Title (if Participant is not an individual)
16/AGOSTO /3031 Pension.
Date/



Case:17-03283-LTS Doc#:17896-1 Filed:08/19/21 Entered:08/19/21 16:48:20 Desc: Pro se Notices of Participation Page 79 of 109

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its if any:	counsel,
Participant's Name: MERZAIDA RIOS GUZMAI	<u>u</u>
Participant's Address: #77 Res. Alturas de Cibu	co, Corozal
Participant's Email Address Mercaida 1125 @ gmail com	0783
Name of Counsel:	,
Address of Counsel:	-
Email Address of Counsel:	1
2. Participant's Claim number and the nature of Participant's Claim:	
Claim Number: 17 BK 3283 - LTS	S.S.C.
Nature of Claim: Promesas III	S. S
By: Messarde Toto Signature	8 PM
Merzaida Ríos Guzmán	5: Part
Print Name	
Title (if Participant is not an individual)	
agosto 16, 2021	
Date	



Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

ii any.	
Participant's Name: Blanca M. González Moreno	
Participant's Address: Comunidad Stalla Calle 14 Buzon 25/8 Kincon PR 006	7
Participant's Email Address: boonsales 2916 @ grain com	
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Claim number and the nature of Participant's Claim:	
Claim Number: No. 17 BK 3283 - LTS	
Nature of Claim: Romsa Title III	
By: Black N. House North	
Blanca M. Gonzalez Moreno	
Print Name	
Title (if Participant is not an individual)	
August 16, 2021 Date	

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Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

1.

ii any:	
Participant's Name:	Jesus E. Rodriguez Torres
Participant's Address:	HC 46 BOX 6050 Dorado PR 00646
Participant's Email Address	· N/A
Name of Counsel:	N/A
Address of Counsel:	N/A
Email Address of Counsel:	
2. Participant's	Claim number and the nature of Participant's Claim:
	Claire Alvert 155721
Claim Number:	The state of the s
Nature of Claim:	- S.C.
By: Producus	Vanes 16 ANJERK
Signature	<u> 29</u> 0
Jesus E. Ro	driquel (arre)
Print Name	
Title (if Participant i	is not an individual)
August 15 Date	<u> 2021</u>

Nature of Claim

Under the responsability of Governor of P.R Carlos Romero Barcelo' (lows9)
during the years 1980-1984 an increase thown as (Romeros) was granted for the a mount of PIDD. OI do llors per Month, which I did Not received the year retirement in 1998 and even still Inot received them.

Also daring the years 1984-1997 was
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Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

if any:		
Participant's Name:	Johy. Pinero Ruiz	
Participant's Address:	PO Box 1253 Layard PR 00738	
Participant's Email Address:	Idapinero 6597 @ g mawl. com	
Name of Counsel:	United State Distruct Court Clock's	affic
Address of Counsel:	150 tue Caulis Chardon Ste 150 Sounjus	anth
Email Address of Counsel:	00918-1767	_
2. Participant's C	Claim number and the nature of Participant's Claim:	
Claim Number:	Case NO 17 BK 3283-LTS	
Nature of Claim:	Production of the second of th	C A
By: Uday Par	io hui	ON THE
Signature	CO C	
Ich Y. Pin	ero Rup	1882
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Title (if Participant is	not an individual)	
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Case:17-03283-LTS Doc#:17896-1 Filed:08/19/21 Entered:08/19/21 16:48:20 Desc: Pro se Notices of Participation Page 88 of 109

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

ii any.	
Participant's Name:	Joanaly Avile's Allende
Participant's Address:	Bola Obrera # 354 C/ Jorge Bird Fajordo PR 0073
Participant's Email Address	: ylanajægmail.com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Pef No. 17 BL 3283 -LT Claim Number: Nature of Claim: By: Description By: Description Print Name Title (if Participant in Current 14, 25) Date	Public Employee and Persian Pretires Claims Olling From In Substitution Pretires Claims RECLIPTION SAN TRACTICOURS SAN TRACTICOURS Person Pretires Chaims RECLIPTION SAN TRACTICOURS Person Pretires Chaims SAN TRACTICOURS SAN TRACTICOURS SAN TRACTICOURS SERVICE CHAIMS SAN TRACTICOURS SAN TRACTICOURS SAN TRACTICOURS SAN TRACTICOURS Person Pretires Chaims SAN TRACTICOURS Person Pretires Chaims SAN TRACTICOURS SAN TRACTICOURS SAN TRACTICOURS Person Pretires Chaims Person Pretires Cha



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Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

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ne nature of Participa	ant's Claim:	
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- service ge	- CA / S	U.S. DIST
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	ne nature of Participa	Lopez Lopez NIZACION DAVEINES de SA TILIA ne nature of Participant's Claim: 83 Suly 2002-Law gov. C Service years



Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	K in the second	, F		. 4. 4
Participant's Name:	Analydia P.O.Box 1132	Rosario.	May sone	May 501
Participant's Address:	P.O.BOX 1132	Vega Ba	ja PR. oc	1694
Participant's Email Address:	NA			
Name of Counsel:	NIA			
Address of Counsel:	NIA			
Email Address of Counsel:	NIA		-	2
2. Participant's	Claim number and the na	ature of Particip	oant's Claim:	
Claim Number:	90255	1 65v	No.	a i
Nature of Claim:	Promesa	Title	111	
By: ana L. Ro	sarie			
Signature Ano L. Ro	60 21	rig i 3 g +∞ii		U.S.
Print Name	34178			SAN
				8 PR CONTRACTOR
Title (if Participant is	not an individual)			S: REFE
<u>090570 11</u>	- 2021			6
Date				

P.O. Box 1132 Vega Boja, P.R. 00694

sna. Ana Lydia Rosaria Naysonet

To: United State District Court Clerk's Office 150 Ave 00918-170825 Torlos Shordon Ste. 150 San Jiyan PR 00918-1767







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Participant must provide all of the information below in English:

1. I articipant s contact information, including email address, and that of its counsel,
if any: Participant's Name: Magaly Munit Irado
Participant's Address: Box 1117, Kincow, P.K
Participant's Email Address: jerito 41@hotmail.com
Name of Counsel: Name of Counsel:
Address of Counsel: N/p
Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: No. 17 BK 3283-LTS & 800
Nature of Claim: Promes q TI fy 10 111 8 By: Promes q TI fy 10 111 8 Signature Maggly Maniz Virado Print Mame
Title (if Participant is not an individual) Date

Desc: 7020 0640 0001 7539 2028 My think the was been the commentation of the contraction of the contr

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel,
if any:
Participant's Name: 25abe/ 11rado 9412
Participant's Address: Box 1117-Comunidad Stella
Participant's Email Address: jerito 41@hotmail.com
Name of Counsel:
Address of Counsel:
Email Address of Counsel: N/A
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 10-17 BK 3283-275
Nature of Claim: Promesa - Titulo TIT
By: Signature Signature
Isabel Tirado Ruis
ment aims age of the second se
morale her I at big
Title (if Participant is not an individual)
Date



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Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

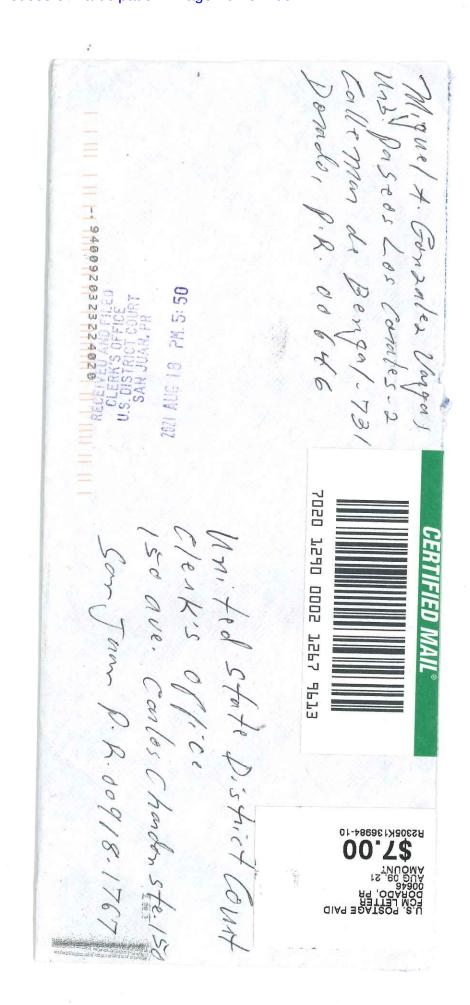
if any:	
Participant's Name:	Alejandro G. Ocasio Estrada
Participant's Address:	Alejandro G. Ocasio Estrada B. Jaquas Sector Los Ocasio HC 03 Box 918 Gurabo
Participant's Email Address:	
Name of Counsel:	No
Address of Counsel:	NO
Email Address of Counsel:	700
2. Participant's C	Claim number and the nature of Participant's Claim:
Claim Number:	4 3126
Nature of Claim:	Retirement Common wealth
By: Quelque L. Signature Alexandre C	
Print Name	P ANCOFE
No	
Title (if Participant is	not an individual)
August	13,2021
Date	



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Participant must provide all of the information below in English:

if 11 and that of its counsel
1. Participant's contact information, including email address, and that of its counsel, if any:
Participant's Name: Participant's Address: Mab. Paseos Los Conales 2 - Calle Man de Bengal-731 Participant's Email Address: gonzalezic M 76 C g mail. com Dona do P.R. 206 46
Participant's Address: Wab. Paseos Los Carales 2 - Calle Man de Pongos 151
Participant's Email Address: gondalezic M 76 Og mail condona 85 8. 8. 00
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 173854
Nature of Claim: Salary Claim (court of first intonce, San Juan
Nature of Claim: Salary Claim (court of first intance, San Tuan By: Signature Present Present (803) Signature (803)
Miguel A. Gonzalez Vargas Print Name
Title (if Participant is not an individual)
74945 + 5, 2021 Date
11 Alia Notice



Case:17-03283-LTS Doc#:17896-1 Filed:08/19/21 Entered:08/19/21 16:48:20 Desc: Pro se Notices of Participation Page 102 of 109

Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

1.

ii any:
Participant's Name: Vivian Daran Timevez
Participant's Address: Urb. Costa Sabana gasea Vila 4933 Knu p.n.
Participant's Email Address: musical willan Ohotmail. (om
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number:
Nature of Claim: Ley correr magisterial
By: Signature
Print Name Davan Jimeneu Print Name
S. WENTE
Title (if Participant is not an individual)
8/16/2021
Date
Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice

on claim	106543	1	don't have the	
	104926	7.	claims. No ident	1
210720V2 CONFIRMATION DISCOVE		TICE	Fithe claims VERSION JULY 20, 2021 9	

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United States District Court Clerk's office, 150 Que. Chardon Ste 150 San Juan P.R 00918-1767

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Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:				
Participant's Name:	Vivian	Duran	Jimene	r .
Participant's Address:	urb Co	sta Sub	ana pasto U	1a 4933 0
Participant's Email Address:	m45	icafuillan	a hot mail.	wm
Name of Counsel:		A	=	
Address of Counsel:	/	NA		· · · · · · · · · · · · · · · · · · ·
Email Address of Counsel:	<u> </u>	NA		v
2. Participant's 0	Claim number	and the nature of	Participant's Claim:	
Claim Number:		35951		
Nature of Claim:		retiro		
By: 4/	() Jo	-		U.S.
Signature				SAPERATE SAP
Print Name	uran	Jimerez		一
				PROFILE TO THE PROFIL
Title (if Participant is	not an individ	lual)		5
8/	16/2021/			-
Date				

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Who Cost Suhana

Puseo Ulla 4933, Pong Pil



United States District Court Clerk's office, 150 Que. Chardon Ste 150 San Juan P.R 00918-1767

Participant must provide all of the information below in English:

1 atterpant man 1
1. Participant's contact information, including email address, and that of its counsel,
1. Participant's contact information, if any:
Participant's Name:
111 (I Sahana Pasto Ulla 4733
Participant's Address: Urb. Costa a hot mail com
Participant's Email Address: musical village and not may it
Name of Counsel:
Name of Counsel.
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
2. Participant's Claim number and the Live
Claim Number: 49977 (Romeraco)
Nature of Claim: Ley 89 123416 1974 (Normans)
Nature of Claim.
By:
Signature
Vivian Darantimener
Print Name
Title (if Participant is not an individual)
16- ayosto-2021
16-990310-
Date

Case:17-03283-LTS Doc#:17896-1 Filed:08/19/21 Entered:08/19/21 16:48:20 Desc:



United States District Court Clerk's Office, 150 Que. Chardon Ste 150 San Juan P.R 00918-1767

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Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

if any: Edwin A. Portalatin Grazalez Participant's Name: HC-03 BN 32205 - HAX:110 PR. 0065 Participant's Address: Participant's Email Address: bethay 082 Squailcon Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: 178K 3283-LTS Claim Number: Nature of Claim: By: Signature Note: Employee deceased Print Name

Title (if Participant is not an individual)

August 13, 2021

1.

Hatille, PR. 00659

SAN JUAN PR 009

clerk's office, 150 ave.

Jarlos Chardon Ste.

150, San Juan, P.R.

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